

# **ATTACHMENT B**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
<p>9/16/05 0930</p>	<p>5 = Complaints of itchy rash on both arms + chest, on/off for "several years". Reports being exposed to "something" while at work on Amstar. Claims the medication he was given 1 month ago "don't help". He is on prednisone, 5 mg qd; PM = 100% relief, N/A. 7 multiple papular lesions on the arms, back + abdomen/chest, not infected. - He is allergic to dye red. - He is allergic to Dermatologist. - He is allergic to paper skin care + shave cream foam. - Gelatin, shrimp, Hydrocortisone cream + Vit A + D cream. - N/A.</p> <p style="text-align: right;">E. Panagiotou Mid-Level Practitioner FCC Petersburg, Virginia</p> <p style="text-align: right;">gate call note reviewed On 9/7/05 Dr. J. Allen Clinical Director FCC Petersburg</p>
<p>11/16/05 1015</p>	<p>Dermatology Clinic: pityriasis folliculitis - a group's skin Biology Lab. Pl. 1 month</p> <p style="text-align: center;">K. L. Laybourn, MD FCC Petersburg, Virginia</p> <p style="text-align: center;">A. Zayas, MLP Mid-Level Practitioner FCC Petersburg, Virginia</p>
<p>1/14/06 1320</p>	<p>Vincent Sansone, Pharm.D Counseling Provided</p> <p style="text-align: center;">Dermatology Clinic</p> <p>1) Doxycycline 100mg P.O. 2x daily x 1 month 2) Pl. 1 month</p> <p style="text-align: right;">Richard S. Forth, ARNP</p>

NSN 7540-00-434-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
6/1/05 1105	<p>Ortho Clinic</p> <p>① Clenched fist approx B/h wrists.</p> <p>② F/U 2 months</p> <p>CLARSON, K. L.</p> <p>MD</p> <p>6/2/05</p> <p>K. L. Laybourn, MD FCC Petersburg, Virginia</p>		
8/9/05 1030	<p>5: pt. cl. skin rash on arm &amp; trunk. pt. by Hb skin</p> <p>problem due to occupational work at FCC Wilson. pt</p> <p>clenched skin on perimeter.</p> <p>Bp 119/67 g29 T-98<sup>2</sup></p> <p>Skin: Multiple papular lesion with whitish/yellowish nodules</p> <p>in center of palm &amp; wrist skin. no excoriation</p> <p>on wrist</p> <p>A. to follow up</p> <p>P. Sept 28 - took p. B21 with lots of water &amp; 14 days</p> <p>Opted to drink a lot of fluids due to risk of stone</p> <p>③ F/U 2 weeks then 5c</p> <p>A. Zayas, MLP FCC Petersburg-Low</p>		
8/17/05 1515	<p>Orthopedic Clinic</p> <p>F/U PM</p> <p>K. L. Laybourn, MD FCC Petersburg, Virginia</p>		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Hill, K.

17110-016

Health Services Unit  
FCC Petersburg, VirginiaCHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical RecordSTANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

USP LVN

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/10/05 1300	Admin Note Injury report done and Xray of Distal done <i>[Signature]</i>		
3/10/05 0800	ADM. Entry on X-ray injury done with base on X-ray injury <i>[Signature]</i>		
4/3/05 1130	3) 42yr old male C/O rash on right side x 2 yrs. States rash first occurred after cutting toe board at BP 144/79 P 69 Temp 97.9 FCT McLean while working in Unicon. Reports associated symptoms of extreme itching. o) Allergic & oriented x3. NAD. Stable gait. Skin is hyperpigmented rash on right flank area 8cm x 5cm. No scaling A) Dermatitis P) 1) Triamcinolone cream - Apply sparingly 2x daily x 15 days (1 RF). 2) Ketoconazole Shampoo - use daily during showers. 3) Consult for R/u dermatology evaluation submitted. 4) R/u PM		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

17110-016

Hill, Kenny

HEALTH SERVICES UNIT-LOW  
FCC PETERSBURG, VA

RECORDS MAINTAINED AT:		R. Forth, PHS Mid-Level Practitioner	
PATIENT'S NAME (Last, First, Middle initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
6-17-03 1435	S: Requests "respiratory exam." "Wants to be checked out + make sure he's okay." "Feeling light-headed lately and afraid of germs because unit is filthy." % "dryness in throat sometimes." Denies other S&S.		
	O: NPO. Appears well. Temp: 99 BP 135/78, P: 69, Gr sat: 96%. Chest: CTA bil. PFM: 750 l/min.		
	A: Normal vitals		
	P: Reassure I/M. Pt. education re: hand washing techniques, fluids, etc. p.w. I/M understands. B. J. N. C.		
	Reviewed by D. Olson, MD BONNIE SAYLOR, NP FCI MCKEAN		
8-11-03 1445	No show for slc appointment. B. J. N. C.		
→ 9/4/03 0745hr	<p>(S) 41 y/o AA M % @ Rash Belat. U's &amp; face/neck X3 Muc - itchy, &amp; Pain? Source Union quarry &amp; Prior Hx. (2) Lt. Foot + 6/10 Pain 2° Callus/Con. ① CAD x3, Ambulatory, NL. Gait, &amp; affect. ① Papular Non Vesicular Lesion Belat. U's @ Nover Circumferential &amp; Few nodes @ Face @</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 17116-016
			WARD NO.

Hill, Kenneth

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

### CHRONOLOGICAL RECORD OF MEDICAL CARE

W. G. Pham  
Violet's G  
Chie

STATUS	1
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DEPART./SERVICE

RECORDS MAINTAINED AT  
FBI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR	
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Hill, Ken

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
Medical Record

**STANDARD FORM 600 (REV. 6-97)**  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

8/8/02  
0915

S: Cont to clo Hchy rash on neck + (C) el  
O: Maculopapular eruption. Scaly lesions on  
bil neck + (C) elbow + (A) evidence of  
itching noted. pustules. a dxg

A: Dermatitis

P: HC cream #1 Apply to aa bil x 1 R  
Pt educ. Use as directed. Skin care discuss  
R/C prn. Pt understands

Gracia Fairbanks PA

Reviewed by D. Olson, MD

Date: 8/11/02

GRACIA FAIRBANKS  
Physician Assistant8/19/02  
0930

C/O goch itch x 1 week. Dermis pain  
(A) NAD

again - mild papular / macular  
rash + mild erythema

(A) goch itch

- 1) Mycelx cream to area BID #1
- 2) Educated on Rx skin care
- 3) Flv prn skin care

Reviewed by D. Olson, MD

Date: 8/19/02

J. GLENN, FNP  
FCI MCKEAN



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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

7/11/02  
0930  
⑤ c/o rash on neck & arms also  
has athlete's foot both feet  
denies pain  
⑥ N/A  
neck, arms, elbows - dry area  
fine papular rash & erythema  
feet - fungus noted between  
toes both feet  
→ ⑦ 1) Dermatitis  
2) Athlete's foot  
⑧ 1) Hydrocortisone cream to areas  
on neck & arms B.I.D. sparingly  
#1 NR  
2) Mycelin cream to feet B.I.D.  
as directed #1 Rx  
3) Educated on Rx, foot care & F/U  
agreed plan  
4) F/U per week call

J. GLENN, CRNP

REVIEWED BY  
J. GLENN, CRNP  
7/11/02  
F. BEAM, MD  
F. MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPARTMENT/SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Hill, Kenny

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-9.202-1



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3-26-02 1044	<p>S: Requests circumcision. C/o regular infections. C/o tight band of frenum which hurts when pulled back.</p> <p>O: NAD. Penis &amp; tightly banded frenum &amp; infection, &amp; discharge, &amp; symptoms.</p> <p>A: Tight frenum</p> <p>P: Consult E MD's re: tx. Pt. education re: skin care RTC prn. Pt. understands. <u>B. Saylor NP</u></p> <p style="text-align: right;">BONNIE SAYLOR, NP FCI MCKEAN</p>
5-23-02 1116	<p>S: C/o burning - itching between toes &amp; 2 wks. Seefas relief.</p> <p>O: NAD. Maceration &amp; peeling between toes.</p> <p>A: T. pedis bil</p> <p>P: Mycelif #1 apply to AA's bid. R x 2. Pt. education re: skin care. RTC prn. Pt. understands. <u>B. Saylor NP</u></p> <p style="text-align: right;">BONNIE SAYLOR, NP FCI MCKEAN</p> <p>Reviewed by D. Olson, MD Date: 5/9/02</p>
→ 6-13-02 1045	<p>S: C/o rash on G neck and elbow. Present ~ 7 wks. Itches. Requests relief.</p> <p>O: NAD. G neck &amp; elbow &amp; quarter-sized dry macular lesions.</p> <p>A: dermatitis</p> <p>P: Hydrocortisone Cream #1, apply to AA's bid. R x 1. Pt. education re: skin care. RTC prn. Pt. understands. <u>B. Saylor NP</u></p> <p style="text-align: right;">BONNIE SAYLOR, NP FCI MCKEAN</p> <p>Reviewed by D. Olson, MD Date: 6/11/02</p>